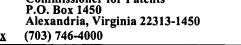
PART B - FEE(S) TRANSMITTAL

Con	plete and send	this form,	together with	applicable	fee(s), to:	Ma

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450

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06/17/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. (Depositor's name) (Signa (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/618.759	07/18/2000	Howard R. Levin	3659-10	9602

TITLE OF INVENTION: METHOD AND APPARATUS FOR PERIPHERAL VEIN FLUID REMOVAL IN HEART FAILURE

APPLN. I TPE	E SMALL ENTITY ISS		FEE PUBLICATION FEE		TOTAL	EE(S) DUE	DATE DUE	
nc provisional	YES	\$665		\$0	\$665		09/17/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS				
DEAK, LESLIE R 376		3762	604-006090					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names of agents C firm (har agent) ar	inting on the patent front page, f up to 3 registered patent a R, alternatively, (2) the name ring as a member a registered dd the names of up to 2 regist or agents. If no name is listerinted.	of a single attorney or tered patent	1 NIXON 23_	& VANDERHYE	<u>P.</u> C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

CHF Solutions, Inc.

Minnetonka MeMinnesota

Please check the appropriate assignee category or categories	(will not be printed on the patent);	☐ individual	Corporation or other private group entity	☐ government	
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
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